# THE MELBOURNE SEXUAL ASSAULT REFERRAL CENTRE

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Victoria is the smallest of the mainland States of Australia, with a population of approximately three and a half million. Seventy per cent of these (2.5m) live in the capital city of the State—Melbourne. Prior to 1977, there was one full time Police Surgeon for the State of Victoria and two General Practitioner Part-time Police Surgeons, one in Melbourne and one in Geelong, the second largest city (population 130,000).

In 1977, following the retirement of the Police Surgeon, there was a period of three months during which time there were no designated doctors to undertake medical examinations at the request of the Police Department. During this time considerable public concern was expressed including claims that rape victims were being hawked around from one hospital to another before doctors would examine them. This hiatus created a situation which was politically ripe for improvement. Temporary arrangements were made in co-operation wtih the Board of Management of one of the teaching hospitals in Melbourne, the Queen Victoria Hospital, situated in the centre of the city, and having an established reputation particularly for the care of women, with active obstetric and gynaecological departments with university attachment.

Following my appointment as Police Surgeon in 1977 with one full time assistant, an ad hoc arrangement was made with the Queen Victoria Hospital, that the majority of the examinations of rape victims should be undertaken in the Casualty Department of that hospital. Facilities were made available for the use by us of a room in the Casualty Department. The Social Workers attached to the Department of Family Psychiatry provided a counselling back-up.

About this time a Rape Study Committee was established in the Premier's Department under the Chairmanship of the Co-ordinator of Women's Affairs. This Committee which has met over the last four years has a broad representation drawn from many fields interested in the matter of sexual assault victims, and much has been achieved as a result of its influence.

Considerable improvements have been made including structural changes to the Casualty Department at the Queen Victoria Hospital, providing a special area — a comfortably furnished room — with en suite shower and toilet facilities.

There is also now a twenty-four hour social work counselling service for the victims of sexual assaults.

There have been a number of additional Part Time Police Surgeons appointed in the metropolitan area and a roster is in operation. Following its establishment, this service was advertised widely to the public. Persons who had been sexually assaulted were informed they could attend the hospital and receive necessary medical care without the need of police involvement. However, reporting to the police was discussed with the victims by the Social Workers.

### Paediatric Service

A number of child victims of sexual assault were seen. As a result of this the Paediatric Department of the Hospital became concerned that proper facilities should be made available for the examination and care of children presenting to this Hospital. The major Children's Hospital in Melbourne was not anxious nor equipped to provide this special facility.

A number of meetings have been held with representatives of the various hospital departments involved and a Protocol for the management of child victims of sexual assault has been drawn up.

The majority of cases of sexual assault reported to the Police are

examined at the Queen Victoria Hospital. Some of the newly appointed Police Surgeons do, however, have other arrangements nearer their place of practice or residence. The routine procedure is that when a complaint of rape is made to the Police, the first officer refers this to the district Policewoman's Division. The Policewomen will then visit and take a statement. The local C.I.B. (Criminal Investigation Branch) is also informed. The complainant is then taken to the Queen Victoria Hospital. It is usual for the Police Surgeon to have been informed at an early stage by the Policewoman. He informs the Hospital Casualty Sister who alerts the on duty Social Worker.

The victim on arrival at the Hospital merely has to give her name for clerical purposes at the desk and is then straight away shown into the special room where the interview and examination takes place. At its conclusion if she wishes, she can then shower and have a change of clothing. Usually at the conclusion of the examination she is interviewed by the Social Worker. The duration of this interview depends upon the circumstances at the time. Facilities for the immediate examination of smears are available.

Urethral, cervical and if indicated, oral and anal swabs are taken for bacterial examination which is undertaken in the Hospital Microbiology Department.

Vulval, vaginal and other specimens as indicated by the history are taken and conveyed to the Police Forensic Science Laboratory. A sample of blood is sent to each laboratory for Venereal Disease Research Laboratory test and for grouping, etc.

**The Role of the Doctor**

The Doctor is encouraged to recognise that his role is threefold. Firstly, the care of the patient which requires not only attention to immediate injuries and requirement but also prophylaxis against sexually transmitted disease (S.T.D.) and pregnancy. It also involves ensuring the availability of adequate counselling and emotional and psychological support.

The "morning after" pill is discussed. Follow up appointments for S.T.D. and pregnancy check are offered.

Secondly, the collection of forensic evidence, and thirdly, subsequent assistance to a Court.

**Non Police Involvement**

Patients presenting at the Hospital who do not wish to report to the Police are seen first by the Social Worker Counsellor. She will discuss the pros and cons of this step and help the victim make up her mind. If she still does not wish Police involvement, she will be examined by one of the Hospital R.M.O.'s probably the Gynaecological Registrar. A Protocol for his guidance has been prepared and the Police Surgeon is available for advice, if necessary.

## Q.V.H. (MELBOURNE) REPORTED TO POLICE/UNREPORTED

| | No.(N= ) | % |
|---|---|---|
| Reported prior to attendance | 279 | 64.43% |
| Reported after attendance | 23 | 5.30% |
| No police involvement | 115 | 26.56% |
| Other | 16 | 3.70% |

Table 1

### Q.V.H. (MELBOURNE) REPORTED TO POLICE/UNREPORTED

| | Rape | Indecent Assault | Incest | C.K. | Other | Total |
|---|---|---|---|---|---|---|
| Reported prior to attendance at QVH | 209 | 38 | 10 | 10 | 12 | 279 |
| Reported after attendance at QVH | 17 | 1 | 3 | — | 2 | 23 |
| No police involvement | 82 | 12 | 17 | — | 4 | 115 |
| Other* | 11 | 4 | 1 | — | — | 16 |

* "Old Rapes" (2-4-8-10 years) previously reported

Table 2

## Q.V.H. (MELBOURNE) SEXUAL ASSAULT CLINIC
## VICTIM'S REASON FOR NOT REPORTING

| Reason | No. | % |
|---|---|---|
| Afraid of rapist | 17 | 15.3% |
| Afraid of treatment, police and courts | 11 | 10.0% |
| Lack of evidence | 6 | 5.4% |
| Afraid of court procedure | 7 | 6.3% |
| Afraid of police procedure | 16 | 14.4% |
| Afraid of family/ friends reaction | 26 | 23.4% |
| Protecting offender | 6 | 5.4% |
| Family would deal with offender | 7 | 6.3% |
| Other | 15 | 13.5% |

Table 3

**Social Work Counselling**

Initially the social work service was operated on a referral basis and patients presenting at night were seen the next day, or even several days later, especially if presenting at weekends. However, in 1979, funds were made available by the State Government for the establishment of a twenty-four-hour crisis counselling service.

A pamphlet of advice is given to the victim with an explanation of the procedures, and the names of the Doctor, Policewoman and Counsellor. This is to be produced in other languages to meet the multicultural needs of Melbourne's community.

The philosophy of the personnel operating this service has been summarised by Dorothy Scott, until recently the Senior Social Worker in the Department of Family Psychiatry at the Queen Victoria Hospital who wrote:

> " Sexual assault is a crisis situation which is often followed by a process which can be identified as the rape trauma syndrome. This is marked by an initial phase of acute disorganisation and a later phase of gradual re-integration. Feelings of fear, shame, guilt, confusion and hostility can be present and depression is quite common. Family relationships can be severely disrupted, particularly if there are serious underlying conflicts. The victims and her family can be helped by supportive crisis intervention counselling aimed at the working through of feelings and regaining coping capacities."

One of the important things to realise is that this disorganisation or disruption of activity need not necessarily be obviously apparent at the initial examination. In fact, not infrequently one finds the victim of the sexual assault is either "stunned" or even euphoric. The availability of a Social Worker at the time of the initial examination provides not only a potential stabilising influence but also enables a contact and relationship to be established which can be of inestimable value in the days or weeks to come. It is the practice when possible for the Social Worker, if requested, to be available, to comfort, console and assist the victim when the inevitable traumas of the Court proceedings ensue. Other "victim's help" facilities are provided at Courts by the Policewomen and by a Court Counselling network.

Some of the results of the first eighteen months operation of this full-time service are shown in Tables 4 to 9 and Fig. 1.

**Table 4**

**Q. V. H. (MELBOURNE) SEXUAL ASSAULT CLINIC**
**14.5.79 - 14.11.80**

| | | |
|---|---|---|
| Total Persons Seen | 440 | |
| Rape/Attempted Rape | 314 | 71.3% |
| Indecent Assault | 59 | 13.4% |
| Incest | 32 | 7.27% |
| C.K. | 12 | 2.72% |
| Others | 21 | 4.77% |

**Table 5**

**Q.V.H. (MELBOURNE) SEXUAL ASSAULT CLINIC**
**TYPE OF FOLLOW-UP**

| | | |
|---|---|---|
| Interviews by Q.V.M.C. S.W. | 252 | 57% |
| Phone Contact Only | 49 | 11% |
| Referral Elsewhere | 42 | 10% |
| Interviews and Referrals | 17 | 4% |
| None | 79 | 18% |

**Table 6**

**Q.V.H. (MELBOURNE) SEXUAL ASSAULT CLINIC**
**EXTENT OF FOLLOW-UP**

| No. of interviews | | |
|---|---|---|
| 1 | 112 | 55% |
| 2 | 55 | 27% |
| 3 | 31 | 15% |
| 4 | 26 | 13% |
| 5 | 12 | 6% |
| 6+ | 46 | 23% |
| Continuing | 2-17 | |

**Table 7**

**Q.V.H. (MELBOURNE) SEXUAL ASSAULT CLINIC**
**EMERGENCY ASSISTANCE NEEDED**

| | |
|---|---|
| None | 351 |
| Accommodation | 7 |
| Money | 10 |
| Transport | 8 |
| Clothes | 4 |

**Table 8**

**Q.V.H. (MELBOURNE) SEXUAL ASSAULT CLINIC**
**AGE OF VICTIMS AT TIME OF REPORTING**

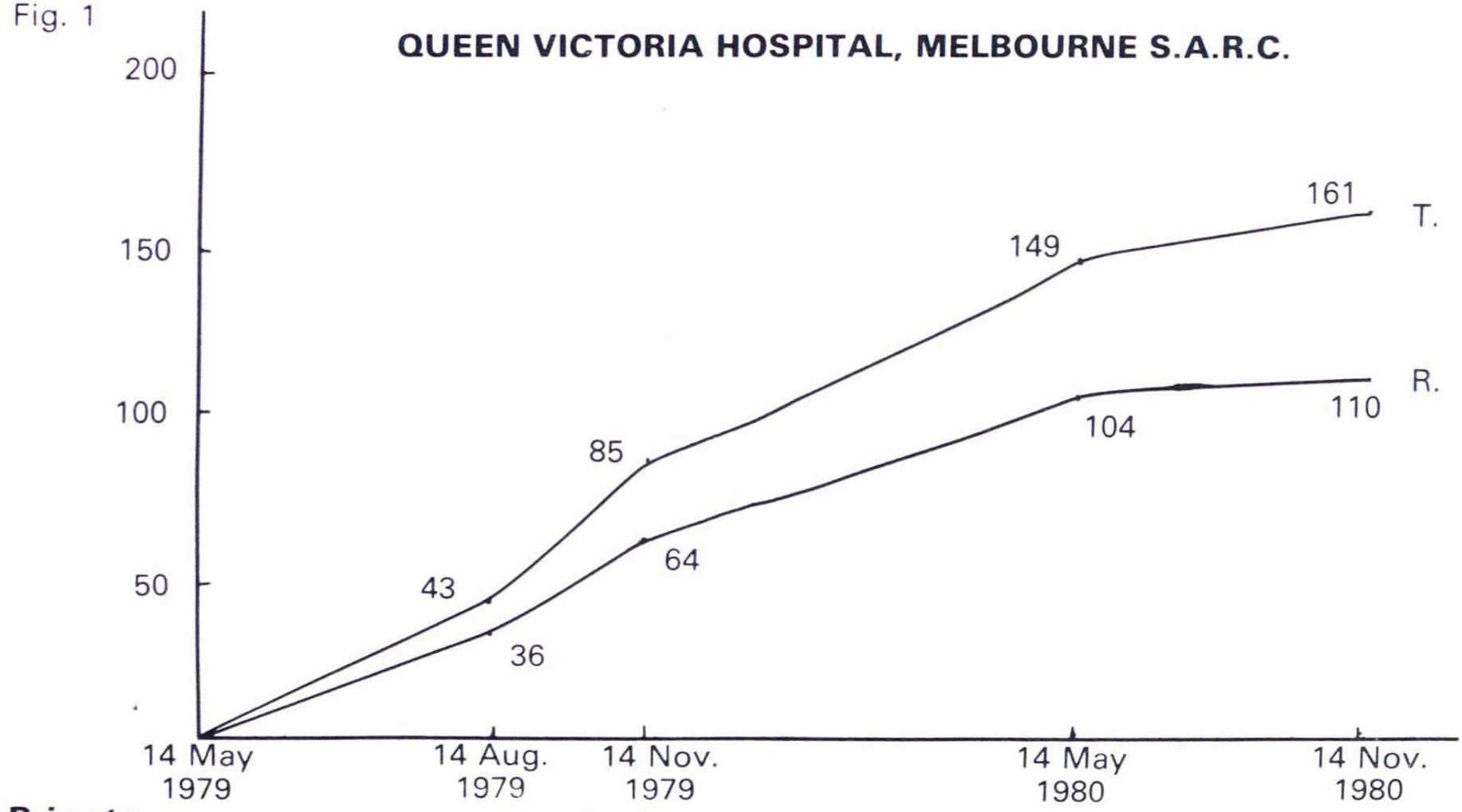
| | | |
|---|---|---|
| 0-10 | 29 | 7% |
| 11-15 | 76 | 17.5% |
| 16-20 | 138 | 31.7% |
| 21-25 | 79 | 18.2% |
| 26-30 | 42 | 9.6% |
| 31-35 | 21 | 4.8% |
| 36-40 | 10 | 2.3% |
| 41-45 | 14 | 3.2% |
| 46-50 | 1 | 0.2% |
| 50+ | 19 | 4.4% |
| N.K. | 6 | 1.3% |
| | 435 | |

**Table 9**

**Q.V.H. (MELBOURNE) SEXUAL ASSAULT CLINIC**
**ACQUAINTANCE WITH RAPIST**

| | |
|---|---|
| Q.V.H. (This series) | 64.3% |
| J.P.B. (VIC) | 26.4% |
| Denver | 40% |
| Denmark | 46% |
| Philadelphia | 48% |

Fig. 1


QUEEN VICTORIA HOSPITAL, MELBOURNE S.A.R.C.
200
150
100
50
161
T.
149
R.
110
104
85
64
43
36
14 May 1979
14 Aug. 1979
14 Nov. 1979
14 May 1980
14 Nov. 1980
Prior to April, 1979 48
T. Total
R. Rape
Referrals